

September 8, 2002

PATENT APPLICATION
DOCKET NO.: 2225 1001-010

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Marcel Loetscher and Bernhard Moser

Serial No.: 09/633,541

Group Art Unit: 1646

Filed: August 7, 2000

Examiner: J. Murphy

For: METHOD FOR IDENTIFYING LIGANDS, INHIBITORS OR PROMOTERS
OF CXC CHEMOKINE RECEPTOR 3 (As Amended)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202

on

Date _____

Signature _____

Typed or printed name of person signing certificate

Assistant Commissioner for Patents
Box AF
P.O. Box 2327
Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 8, 2002 of the Primary Examiner finally rejecting claims 30-48 and 60-105. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 8, 2002 for three months from June 8, 2002 to September 8, 2002.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.

 ☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

000010/2002	AMURDHF 1	000000048	09633541
01	FC:119		320.00 0P
02	FC:117		950.00 0P

4. Fees are submitted for the following:

<input checked="" type="checkbox"/> [X]	Extension of Time for three months		\$ 920
<input type="checkbox"/> []	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> [] mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> [] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/> [X]	Notice of Appeal		\$ 320
<input type="checkbox"/> []	Other _____		\$ _____
		TOTAL	\$ 1240

5. The method of payment for the total fees is as follows:

[X] A check in the amount of \$1240.00 is enclosed.

[] Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Robert H. Underwood
Robert H. Underwood
Registration No.: 45,170
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: September 9, 2002